

FORM B1

Voluntary Petition

Name of Joint Debtor (Spouse)(Last, First, Middle):

All Other Names used by the Joint Debtor in the last 6 years
(include married, maiden, and trade names):

All Other Names used by the Joint Debtor in the last 6 years
(include married, maiden, and trade names):

Last four digits of Soc. Sec. No./Compete EIN or other Tax I.D. No.
(if more than one, state all):

Street Address of Joint Debtor (No. & Street, City, State & Zip Code):

#5E
Lisle IL 60532

County of Residence or of the
Principal Place of Business:

Mailing Address of Joint Debtor (if different from street address):

Location of Principal Assets of Business Debtor
(If different from street address above): **NOT APPLICABLE**

Venue (Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

**Chapter or Section of Bankruptcy Code Under Which
the Petition is Filed (Check one box)**

- ☒ Individual(s)
 ☐ Railroad
☐ Corporation
 ☐ Stockbroker
☐ Partnership
 ☐ Commodity Broker
☐ Other
 ☐ Clearing Bank

- ☐ Chapter 7 ☐ Chapter 11 ☒ Chapter 13
☐ Chapter 9 ☐ Chapter 12
☐ Sec. 304 - Case ancillary to foreign proceeding

Filing Fee (Check one box)

- ☒
- Consumer/Non-Business
- ☐
- Business

- ☒ Full Filing Fee attached
- ☐ Filing Fee to be paid in installments (Applicable to individuals only)
Must attach signed application for the court's consideration
certifying that the debtor is unable to pay fee except in installments.
Rule 1006(b). See Official Form No. 3.

☐ Debtor is a small business as defined in 11 U.S.C. § 101

☐ Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)

Statistical/Administrative Information (Estimates only)

- ☒ Debtor estimates that funds will be available for distribution to unsecured creditors.
- ☐ Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.

THIS SPACE IS FOR COURT USE ONLY

U.S. Bankruptcy Court
Northern District Of Illinois

Filed: 07/14/2004
Time: 11:03:54
Debtor: GAIL JAMES
Case: 04-26141 Fee: 194
Chapter: 13 Rec. #: 3090674
Judge: John Squires
341 mtg: 08/11/2004 @ 03:00PM
ConfHrg: 09/10/2004 @ 11:30AM
Trustee: GLENN STEARNS

Estimated Number of Creditors 1-15 16-49 50-99 100-199 200-999 1000-over

Estimated Assets

\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Estimated Debts

\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



(Official Form 1) (12/03) West Group, Rochester, NY

Voluntary Petition (This page must be completed and filed in every case)		Name of Debtor(s): FORM B1, Page 2 Gail James	
Prior Bankruptcy Case Filed Within Last 6 Years (If more than one, attach additional sheet)			
Location Where Filed: NONE		Case Number: _____ Date Filed: _____	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: NONE		Case Number: _____ Date Filed: _____	
District: _____		Relationship: _____ Judge: _____	

Signatures	
Signature(s) of Debtor(s) (Individual/Joint) I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. X <u><i>Gail James</i></u> Signature of Debtor X _____ Signature of Joint Debtor Telephone Number (If not represented by attorney) _____ Date _____	Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under Chapter 11) <input type="checkbox"/> Exhibit A is attached and made a part of this petition Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. X <u><i>Richard F. Ruby</i></u> <u>7-13-04</u> Signature of Attorney for Debtor(s) Date Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health and safety? <input type="checkbox"/> Yes, and exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No
Signature of Attorney X <u><i>Richard F. Ruby</i></u> Signature of Attorney for Debtor(s) <u>Richard F. Ruby 11930</u> Printed Name of Attorney for Debtor(s) <u>Richard F. Ruby, P.C.</u> Firm Name <u>425 West Buffalo</u> Address <u>P.O. Box 177</u> <u>New Buffalo MI 49117</u> <u>269/469-0082</u> Telephone Number Date	Signature of Non-Attorney Petition Preparer I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document. Printed Name of Bankruptcy Petition Preparer _____ Social Security Number _____ Address _____ _____ Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document: If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. X _____ Signature of Bankruptcy Petition Preparer Date _____ A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.
Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition. X _____ Signature of Authorized Individual Printed Name of Authorized Individual _____ Title of Authorized Individual _____ Date _____	

FORM B6D (12/03) West Group, Rochester, NY

In re Gail James / Debtor

Case No. _____
(if known)

SCHEDULE D-CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests. List creditors in alphabetical order to the extent practicable. If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column marked "Codebtor," include the entity on the appropriate schedule of creditors and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedules. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Creditor's Name and Mailing Address Including Zip Code	C o d e b t o r	Date Claim was Incurred, Nature of Lien, and Description and Market Value of Property Subject to Lien	C o n t i n g e n t	U n l i q u i d a t e d	D i s p u t e d	Amount of Claim Without Deducting Value of Collateral	Unsecured Portion, if any
Account No: 1631 Creditor # : 1 Americredit P.O. Box 78143 Phoenix AZ 85062		05/03 Lien on title 1998 Mercedes 120SLK Value: \$ 18,700.00				\$ 20,978.00	\$ 2,278.00
Account No: 9358 Creditor # : 2 Washington Mututal P.O. Box 3139 Milwaukee WI 53201		05/89 Mortgage 4711 St. Joseph Creek, #5E, Lisle, Illinois Value: \$ 85,000.00				\$ 52,000.00	\$ 0.00
Account No:							
Account No:							

No continuation sheets attached

Subtotal \$	72,978.00
(Total of this page)	
Total \$	72,978.00
(Use only on last page. Report total also on Summary of Schedules)	

In re Gail James / Debtor

Case No. _____
(if known)

SCHEDULE E-CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name and mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotal" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Repeat this total also on the Summary of Schedules.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(2).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$4,925* per person earned within 90 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(3).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$4,925* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(5).

☐ **Deposits by individuals**

Claims of individuals up to \$2,225* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(6).

☐ **Alimony, Maintenance or Support**

Claims of a spouse, former spouse, or child of the debtor, for alimony, maintenance, or support, to the extent provided in 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, custom duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

*Amounts are subject to adjustment on April 1, 2007, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

No continuation sheets attached

FORM B6F (12/03) West Group, Rochester, NY

In re Gail James / Debtor

Case No. _____
(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedules. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. H-Husband W-Wife J-Joint C-Community	C o n t i n g e n t	U n l i q u i d a t e d	D i s p u t e d	Amount of Claim
Account No: 9733 Creditor # : 1 A T & T Universal P.O. Box 44167 Jacksonville FL 32231		04/94 Credit Card Purchases				\$ 2,822.81
Account No: 1008 Creditor # : 2 American Express P.O. Box 6504448 Dallas TX 75265		Credit Card Purchases				\$ 13,513.14
Account No: 0713 Creditor # : 3 Bank One P.O. Box 15123 Wilmington DE 19850		line of credit				\$ 4,371.50
Account No: 4002 Creditor # : 4 BP P.O. Box 15687 Wilmington DE 19850		06/81 Credit Card Purchases				\$ 2,725.00
<div>2 continuation sheets attached</div> <div>Subtotal \$ 23,432.45</div> <div>(Total of this page)</div> <div>Total \$</div> <div>(Report total also on Summary of Schedules)</div>						

FORM B6F (12/03) West Group, Rochester, NY

In re Gail James / Debtor

Case No. _____
(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. H--Husband W--Wife J--Joint C--Community	C o n t i n g e n t	U n l i q u i t a t e d	D i s p u t e d	Amount of Claim
Account No: 4200 Creditor # : 5 Card Service Center P.O. Box 9201 Old Bethpage NY 11804		05/94 Credit Card Purchases				\$ 7,831.34
Account No: 1218 Creditor # : 6 Chase P.O. Box 52188 Phoenix AZ 85072		08/86 Credit Card Purchases				\$ 6,040.00
Account No: 9514 Creditor # : 7 Chase Freedom P.O. Box 52195 Phoenix AZ 85072		Credit Card Purchases				\$ 3,790.58
Account No: 5608 Creditor # : 8 Cingular Wireless 5020 Ash Grove Road Springfield IL 62707		Cell phone				\$ 490.00
Account No: Creditor # : 9 Good Samaritan Hospital c/o Illinois Collection Servic P.O. Box 646 Oak Lawn IL 60454		09/01 Medical Bills				\$ 8,466.09
Account No: Creditor # : 10 Richard F. Ruby, P.C. 425 West Buffalo P.O. Box 177 New Buffalo MI 49117		legal fees				\$ 3,796.54

Sheet No. 1 of 2 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

30,414.55

(Total of this page)

Total \$

(Report total also on Summary of Schedules)

FORM B6F (12/03) West Group, Rochester, NY

In re Gail James / Debtor

Case No. _____
(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. H-Husband W-Wife J-Joint C-Community	C o n t i n g e n t	U n l i q u i d a t e d	D i s p u t e d	Amount of Claim
Account No: Creditor # : 11 Roland Dungy 2335 Chase Street Gary IN 46404		judgment				\$ 113,000.00
Account No: 2959 Creditor # : 12 Wachovia P.O. Box 15137 Wilmington DE 19886	X	06/94 Co-signed credit card for niece				\$ 11,714.45
Account No:						
Account No:						
Account No:						
Account No:						

Sheet No. 2 of 2 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$	124,714.45
(Total of this page)	
Total \$	178,561.45
(Report total also on Summary of Schedules)	